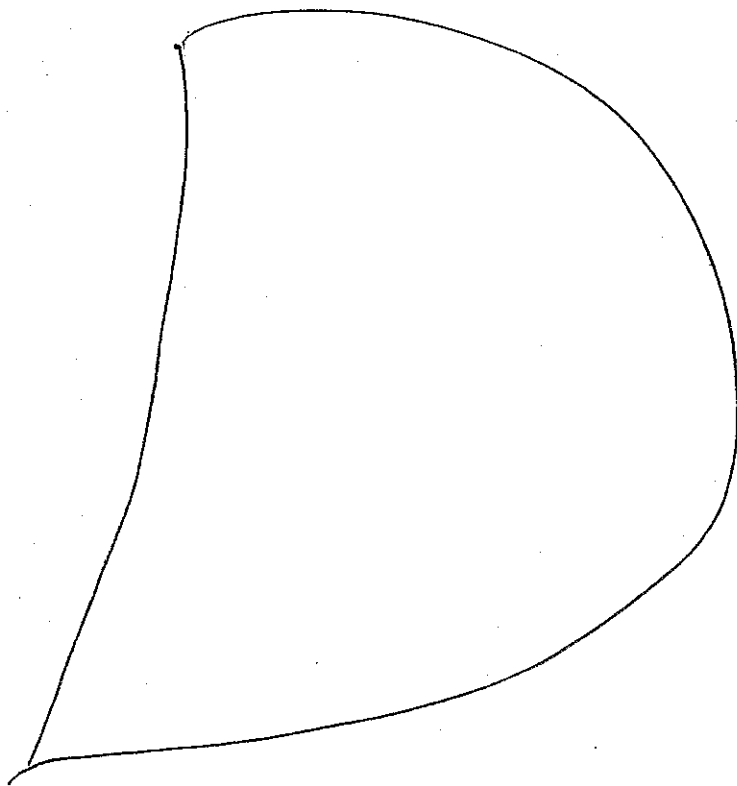


EXHIBIT



DATE	TIME	
1/19/04	0920	chart mep for MD exam c/o head injury and request for disability placement. - <i>Almond, Rn</i>
1/20/04	005	S Requesting disability placement. <i>Almond, Rn</i> O alert and oriented. I heard radiology report dated 12/17/92. Reported blow to head in 1992. A. Health Maintenance r/t P. no line now. <i>Almond</i>
7/20/04	1015	⑤ c/o pain req. RFA of Tylenol. IM states he wants total disability, claims hx of head injury, back problem, claim ear drum damaged & painful. See past notes
985 - 12/4/16	100-14	98% ⑥ A-O-NAD, ambulates w/ difficulty observed moving all extremities and turning head w/o difficulty. HEENT-WNL, TM's bilat. c cone of light, & redness, & tear. & fluid visible, & cervical auricular LAD Lungs CTA. Heart-RRR IM advised that if he has a disability issue he needs to submit proper forms. I have no documentation of any disability. ⑦ ear pain ⑧ Tylenol 325mg TID po BID as needed pain x 90 days IM has tried to get disability before & has rec'd 115 for not working.
INSTITUTION	HOUSING UNIT	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
PBSF	A4 226	Bloodsaw, T. P20045
XR C-spine. 74p results ⑨ Med use <i>Joan E. Lapp</i>		

INTERDISCIPLINARY PROGRESS NOTES

INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

COMBINED

 Category: 8/10

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME: <u>Bloodsaw</u>	NUMBER: <u>P2004-5</u>	ASSIGNMENT: <u>_____</u>	UNIT/ROOM NUMBER: <u>A2-125</u>
-----------------------	------------------------	--------------------------	---------------------------------

A. Describe Problem: To Doctor Window Chief medical officer, I am having problem with staff physician I have a permanent disability I have vertebral DR: Lazore had more Xrays taken it showed another injury C6-C7 DR: Lazore says she has no documentation of any disability I have been waiting to see Orthontic for over 4 months, Inadequate medical care violates the U.S.C. Eight Amendment I should be medically unassigned 3350. Provision of Medical Care and Definitions (1) Medic-

If you need more space, attach one additional sheet.

ally Necessary means health care services that are determined by the attending physician to be reasonable and necessary to protect life prevent significant illness or disability or alleviate severe pain and are supported by health outcome

Inmate/Parolee Signature: T. Bloodsaw Date Submitted: 1-3-05

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: Your x r say results do not qualify you for a disability. The referral process can take many months as discussed previously

Staff Signature: Joan E Lazore Date Returned to Inmate: 1-6-05

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

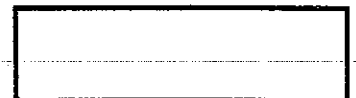
DR: Lazore is making false statements; 3413. Incompatible Activity. (2) Contains defamatory, intentionally false, intentionally inaccurate abusive, threatening, racially offensive, racially biased, or unlawfully discriminatory material.

Signature: T. Bloodsaw Date Submitted: 2-3-05

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number:

Board of Control form BC-1E, Inmate Claim



19
11/2 2005

INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. _____

1. _____

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME <u>Bloodsaw</u>	NUMBER <u>P20045</u>	ASSIGNMENT <u>_____</u>	UNIT/ROOM NUMBER <u>A2-125</u>
-------------------------	-------------------------	----------------------------	-----------------------------------

A. Describe Problem: data as being effective medical case. (4) severe pain means a degree of discomfort that significantly disables the patient from reasonable independent function. (5) Significant illness and disability means a medical condition that causes or may cause if left untreated a severe limitation of function or ability to perform the daily activities of life or that may cause premature death. U.S.C. Eighth Amendment

If you need more space, attach one additional sheet.

B. Action Requested: To be medically unassigned and not unlawfully racially discriminated against because of race or physical handicap cruel and unusual punishment

Inmate/Parolee Signature: T. Bloodsaw Date Submitted: 1-3-05

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

3004. Rights and Respect of others. (a) + (c)

Signature: T. Bloodsaw Date Submitted: 2-3-05

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:



California State Prison Corcoran

RADIOLOGY REPORT

NAME: BLOODSAW, Theopric NUMBER: E-40947 DATE: 12/17/92

DOCTOR: Hoffman HOUSING: 4B

SKULL SERIES, C-SPINE.

HISTORY: Blow to head 1977. Dizziness daily since.

SKULL SERIES.

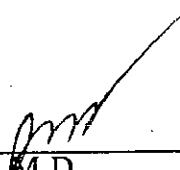
I see no fracture, sinuses clear.


IMPRESSION: Unremarkable skull series.

CERVICAL SPINE.

Films continue to show loss of normal cervical lordosis. There is narrowing of the C-5/6 disc with some straightening of curvature at this level, no change since previous, no fractures or destructive processes seen.

IMPRESSION: Abnormal C-5/6 interspace. No other significant findings identified.



Mario Deguchi, M.D./Jay Grauman, M.D. 

Dictated: 12/22/92 ls/JG
Original: Medical Chart
cc: X-Ray Jacket

California State Prison Corcoran

RADIOLOGY REPORT

NAME: BLOODSAW, Theopric NUMBER: E-40947 DATE: 10/20/92DOCTOR: Brown HOUSING: 4B

CERVICAL SPINE FILM SERIES WITH OBLIQUES.

Radiographic examination of the cervical spine was obtained. There is either a superimposed position artifact or non-displaced fracture at the lateral left lateral corner of C-1. It is visible on the frontal projection. Further evaluation by obtaining follow-up radiographic examination may be of value. Otherwise there is no evidence of acute fracture or dislocation. Vertebral body statures are well maintained. Narrowing of C-5/C-6 intervertebral disc space with osteophytes is appreciated. This is consistent with degenerative disc disease. Neural canal are patent. Prevertebral soft tissue structures appear unremarkable. Mild reversal of cervical curvature is noted. This may be secondary to positioning or muscle spasms.

IMPRESSION: (1) Reversal of cervical curvature. (2) Degenerative disc disease. (3) Fractures verses superimposed position artifact of C-1 as described, *Follow up Lateral + open mouth view Rxs.*

WM
Mario Deguchi, M.D./Jay Grauman, M.D.

Dictated: 10/22/92 ls/MD
Original: Medical Chart
cc: X-Ray Jacket

25T
34239
X-RAY REPORT

4-9-99
M
DEPARTMENT OF CORRECTIONS
CORRECTIONAL TRAINING FACILITY

NAME: BLOODSAW, THEOPRIC CDC #: P-20045 CELL: D4/025U DOB: 06/24/58 DATE: 02/26/99

EXAM REQUESTED:
PA AND LATERAL CHEST

CLINICAL DATA:
OLD GSW, LEFT THORAX

REFERRING PHYSICIAN:
D. GINES, M.D.

RADIOGRAPHIC REPORT:

CHEST: PA AND LATERAL VIEWS OF THE CHEST ARE OBTAINED ON 02/26/99.

MULTIPLE METALLIC FRAGMENTS ARE NOTED OVERLYING AND WITHIN THE UPPER LEFT HEMITHORAX, CONSISTENT WITH A PREVIOUS GUNSHOT INJURY. BOTH LUNGS ARE WELL EXPANDED AND CLEAR. THERE IS NO EVIDENCE OF ANY ACTIVE PULMONARY PATHOLOGY. THE HEART IS NORMAL IN SIZE AND CONTOUR. THERE IS NO MEDIASTINAL ADENOPATHY.

IMPRESSION:

THERE IS EVIDENCE OF A PREVIOUS OLD GUNSHOT INJURY INVOLVING THE LEFT UPPER HEMITHORAX. NO ACTIVE CARDIOPULMONARY PATHOLOGY IS SEEN. THERE ARE NO PREVIOUS FILMS AVAILABLE FOR COMPARISON.

03/02/99
DATE READ

NELSON PARKER, M.D.
RADIOLOGIST

NHP/gj
DATE TYPED: 04/07/99



X-RAY REPORT
DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
HEALTH CARE SERVICES



8/17
Flc

NAME: BLOODSAW, THEOPRIC NO. P20045 RM: A4-226 DOB: 06/25/58 DATE: 07/23/04

EXAM REQUESTED: CERVICAL SPINE

REQUESTING M.D.: J. LAZORE, F.N.P.

CLINICAL DATA: HISTORY OF PAIN.

RADIOGRAPHIC REPORT: CERVICAL SPINE

FINDINGS: There is mild a reversal of the normal cervical lordosis.

Moderate degenerative disc disease is noted at the C5-6 and C6-C7 levels manifest by disc space narrowing and marginal osteophyte formation.

IMPRESSION: MODERATE DEGENERATIVE DISC DISEASE AT C5-6 AND C6-C7.

ORIGINAL

gt
8-11-04

07/28/04

DATE READ

CURTIS COULAM, M.D.

RADIOLOGIST

DLK

TRANSCRIBER



X-RAY REPORT
DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
HEALTH CARE SERVICES



NAME: BLOODSAW, THEOPRIC NO. P20045 RM: A2-125 DOB: 6/25/58 DATE: 02/22/05

EXAM REQUESTED: CERVICAL SPINE

REQUESTING M.D.: J. LAZORE, F.N.P.

CLINICAL DATA: NO HISTORY GIVEN

RADIOGRAPHIC REPORT: CERVICAL SPINE

FINDINGS: Comparison to a previous study dated 7/23/04.

On the current study the soft tissues are unremarkable.

There is a mild reversal of the cervical lordosis centered at C5-6. There is mild anterior subluxation of C4 with respect to C5 which was not present on the previous study.

Degenerative discs at C5-6 and C6-7 again noted and show little change compared to the previous study.

IMPRESSION:

1. REDEMONSTRATION OF DEGENERATIVE DISC DISEASE AT C5-6 AND C6-7 WHICH APPEAR STABLE.
2. THERE IS MILD ANTERIOR SUBLUXATION OF C4 WITH RESPECT TO C5 OF APPROXIMATELY 2 MM WHICH WAS NOT SPECIFICALLY PRESENT ON THE FILMS OF 7/23/04.

ON THE OBLIQUE VIEWS POSTERIOR OSTEOPHYTES PARTIALLY ENCROACH ON THE INTERVERTEBRAL FORAMINA AT THE C5-6 LEVEL BILATERALLY.

02/22/05

DATE READ

CURTIS COULAM, M.D.

RADIOLOGIST

BGR

TRANScriBER



X-RAY REPORT

DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
HEALTH CARE SERVICES

NAME: BLOODSAW, THEOPRIC NO. P20045 RM: A2-125 DOB: 6/25/58 DATE: 02/22/05

EXAM REQUESTED: 3 VIEW LUMBAR SPINE

REQUESTING M.D.: J. LAZORE, F.N.P.

CLINICAL DATA: NO HISTORY GIVEN

RADIOGRAPHIC REPORT: 3 VIEW LUMBAR SPINE

FINDINGS: The lumbar vertebra are normally aligned and the disc spaces are well maintained. No compression fractures are evident. There are no arthritic changes.

IMPRESSION: NORMAL LUMBAR SPINE.

EXAM REQUESTED: LEFT HIP

REQUESTING M.D.: J. LAZORE, F.N.P.

CLINICAL DATA: NO HISTORY GIVEN

RADIOGRAPHIC REPORT: LEFT HIP

FINDINGS: 4-5 tiny metallic fragments are noted in the soft tissues lateral to the hip joint. These all appear to be extra articular.

The femoral head is normally developed and normally located in the acetabulum. The joint space is well preserved. No significant arthritic changes are evident.

IMPRESSION: TINY METALLIC FOREIGN BODIES IN THE SOFT TISSUES LATERAL TO THE HIP. THE HIP, PER SE IS UNREMARKABLE.

02/22/05

DATE READ

CURTIS COULAM, M.D.

RADIOLOGIST

BGR

TRANSCRIBER

NAME Bloodsaw NUMBER E40947 AGE 32 DATE 12/17/90
X-RAY REQUESTED Left hip PHYSICIAN A. C. Pedley, M.D.

REPORT:

The left hip is negative for evidence of acute fracture or dislocation.
There are several bullet fragments overlying the soft tissues lateral to
the left hip joint space and suggested slight increased narrowing of the
left hip joint space medially.

RJB: ck
d: 12/18/90
t: 12/18/90

RB
ROBERT J. BEMRICK, M.D.
RADIOLOGIST

S.C.C. X-RAY REPORT

20

NAME Bloodsaw NUMBER E40947 AGE 32 DATE 12/17/90
 X-RAY REQUESTED Left hip PHYSICIAN A. C. Pedley, M.D.

REPORT:

The left hip is negative for evidence of acute fracture or dislocation. There are several bullet fragments overlying the soft tissues lateral to the left hip joint space and suggested slight increased narrowing of the left hip joint space medially.

RJB: ck
 d: 12/18/90
 t: 12/18/90

16
 ROBERT J. BEMRICK, M.D.
 RADIOLOGIST

S.C.C. X-RAY REPORT

NAME Bloodsaw NUMBER E40947 AGE 31 DATE 2/16/90
 X-RAY REQUESTED Upper GI Series PHYSICIAN F. J. Foster, M.D.

REPORT:

The preliminary film of the abdomen shows no evidence of acute intra-abdominal disease or other significant abnormality except for a developmental or possibly old minor post-traumatic deformity involving the right transverse process of the fourth lumbar vertebra.

The examination was performed without the aid of fluoroscopy. There appears to be increased prominence of the partially visualized distal antral and pyloric folds and there is deformity of the duodenal bulb with inflammatory thickening of the duodenal bulb and post-bulbar folds. The visualized upper intestinal tract is otherwise within normal limits and shows no evidence of peptic ulceration.

CONCLUSIONS: Findings consistent with nonerosive antral gastritis and duodenitis.
 No evidence of peptic ulceration involving the upper intestinal tract.

AK

Mato-Clines Cherry, M.D.



X-RAY REPORT

DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
HEALTH CARE SERVICES

NAME: BLOODSAW, THEOPRIC NO. P20045 RM: A2-202L DATE: 09/10/07

EXAM REQUESTED: AP PELVIS AND BILATERAL HIPS, 2 FILMS/
3-VIEWS LUMBAR SPINE

REQUESTING M.D.: PCP

CLINICAL DATA: HISTORY NOT GIVEN

RADIOGRAPHIC REPORT: AP PELVIS AND BILATERAL HIPS, 2 FILMS

FINDINGS: This study is compared with a preceding examination from February 2005.

There are scattered areas of shrapnel in the area of the left gluteal region and hip. These are unchanged from the previous study, although they are reported to have been associated with the right hip at the time of the previous study. Perhaps one of these two exams has been mislabeled.

There is no soft tissue swelling or calcifications. The SI joints and hip joints appear normal bilaterally. The bony architecture is intact. There are no sclerotic or lytic changes.

IMPRESSION: NO ACUTE BONY TRAUMA OR ARTHRITIC CHANGES ARE RECOGNIZED. SCATTERED PRESUMED SHRAPNEL IS NOTED IN THE VICINITY OF WHAT IS THOUGHT TO BE THE LEFT HIP. OTHERWISE, NEGATIVE.

Page 1

09/11/07
DATE READ

PHILIP GRIMM, M.D.
RADIOLOGIST

JLP
TRANSCRIBER

Williams, Charles, M.D.**X-RAY REPORT****DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
HEALTH CARE SERVICES**NAME: BLOODSAW, THEOPRIC NO. P20045 RM: ASU-E1 DATE: 10/18/07

EXAM REQUESTED: AP OF PELVIS AND LATERAL EXAMINATION OF THE LEFT HIP/THREE-VIEWS

REQUESTING M.D.: PCP

CLINICAL DATA: HISTORY OF PAIN

RADIOGRAPHIC REPORT: AP OF PELVIS AND LATERAL EXAMINATION OF THE LEFT HIP/THREE-VIEWS

FINDINGS: This study is compared with films taken in September 2007.

In the approximately one month interval since the previous study, little if any change is seen. There is some minimal shrapnel in the immediate vicinity of the left hip, and it is possible that some of the shrapnel fragments are closely associated with the joint capsule, but none are thought to lie within the joint capsule. Mild arthritic changes are recognized, but the underlying bony architecture is intact, and no obvious acute pathology is seen. No obvious acute trauma is recognized. If there is persistent pain, perhaps a nuclear medicine bone scans or even an MRI study would be helpful.

IMPRESSION: THE FINDINGS ARE SIMILAR TO THAT OF ONE MONTH BEFORE. EVIDENCE OF PREVIOUS GUNSHOT WOUND IN THE IMMEDIATE VICINITY OF THE LEFT HIP IS SEEN, BUT NO ACUTE PATHOLOGY IS APPRECIATED.

PHILIP GRIMM, M.D.
RADIOLOGIST10/30/07
DATE READJLP
TRANSCRIBER

Williams Claire, M.D.



X-RAY REPORT

DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
HEALTH CARE SERVICES

NAME: BLOODSAW, THEOPRIC NO. P20045 RM: ASU-E1 DATE: 01/22/08

EXAM REQUESTED: FOUR-VIEW CERVICAL SPINE

REQUESTING M.D.: PCP

CLINICAL DATA: HISTORY NOT GIVEN

RADIOGRAPHIC REPORT: FOUR-VIEW CERVICAL SPINE

FINDINGS: There is extensive multiple level degenerative change throughout the mid and lower cervical spine. No evidence of instability is seen at C1-2 on the open-mouth view or on the lateral radiograph. However, there is a grade 1 degenerative spondylolisthesis at C4-5. Extensive disk space narrowing, osteophyte formation, and sclerosis of vertebral end plates is present from C3 to C7.

IMPRESSION: **MULTIPLE LEVEL DEGENERATIVE CHANGE,
CERVICAL SPINE, SEVERE CHRONIC APPEARING WITH
GRADE 1 SPONDYLOLISTHESIS C4-5.**

ADDENDUM

Incidental note is also made of retained metallic material, which is not visible within the region of the spinal canal, but appears to be in the anterior chest wall region from previous gunshot wound and a few small fragments well anterior to the vertebral bodies at C4-5.

Comparison radiograph from 05/10/07, shows identical appearing degenerative change and same degree of spondylolisthesis at C4-5.

If cervical instability requires further evaluation, flexion/extension lateral radiographs should be considered.

Page 1

COPY

02/06/08
DATE READ

GREGORY J. DUNCAN M.D.
ORTHOPEDIC SURGEON

JLP
TRANSCRIBER

02/20/2008 08:04 FAX 7074659127

005/005

Williams Claire, M.D.



X-RAY REPORT

**DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
HEALTH CARE SERVICES**

NAME: BLOODSAW, THEOPRIC NO. P20045 RM: ASU-E1 DATE: 01/16/08

EXAM REQUESTED: THREE-VIEW LUMBAR SPINE

REQUESTING M.D.: PCP

CLINICAL DATA: HISTORY NOT GIVEN

RADIOGRAPHIC REPORT: THREE-VIEW LUMBAR SPINE

FINDINGS: There is normal alignment on the AP and lateral radiographs with no degenerative or posttraumatic change.

IMPRESSION: MINIMAL DEGENERATIVE CHANGE THORACIC SPINE
WITHOUT EVIDENCE OF THORACIC OR LUMBAR
INSTABILITY.

02/06/08
DATE READ

GREGORY J. DUNCAN M.D.
ORTHOPEDIC SURGEON

JLP
TRANSCRIBER

56

Jain Bhawna, M.D.



X-RAY REPORT

DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
HEALTH CARE SERVICES

NAME: BLOODSAW, THEOPRIC NO. P20045 RM: A2-202L DATE: 05/10/07

EXAM REQUESTED: CERVICAL SPINE THREE VIEWS

REQUESTING M.D.: PCP CLINIC

CLINICAL DATA: HISTORY OF NECK PAIN.

RADIOGRAPHIC REPORT: CERVICAL SPINE THREE VIEWS

FINDINGS: This study is compared with films taken in June of 2005.

There is no obvious soft tissue swelling or calcifications. There is a focal reversal of the normal cervical lordosis with the apex this reversal is centered at C5. Mild arthritic changes are noted at C4-5. Moderate arthritic changes bordering on severe are noted at C5-6 and C6-7. At these levels there is endplate sclerosis, osteophyte formation and joint space narrowing. Lateral mass arthritic changes are noted at disc spaces above this. There is an unusual appearance of the symphysis of the mandible perhaps this is posttraumatic. This is probably unchanged from the preceding study. The degree of arthritic changes in the mid and lower cervical spine is thought to be mildly progressive when compared to the previous study in 2005.

IMPRESSION:

1. FOCAL MODERATE DEGENERATIVE ARTHRITIC CHANGES OF THE MID AND LOWER CERVICAL SPINE, I BELIEVE THEY ARE MILDLY PROGRESSIVE WHEN COMPARED TO THE PRECEDING STUDY.
2. FINDINGS AT C5-6 MAY BE CHARACTERIZED AS SEVERE.
3. I BELIEVE THAT THERE IS A POSTTRAUMATIC DEFORMITY OF THE SYMPHYSIS OF THE MANDIBLE THAT IS STABLE WHEN COMPARED TO THE PREVIOUS STUDY.

05/15/07

DATE READ

PHILIP GRIMM, M.D.

RADIOLOGIST

DLK

TRANSCRIBER

19

LABORATORY REPORTS

DEPARTMENT OF CORRECTIONS
CIC- EAST HOSPITAL

NAME: BLOODSAW, THEO NUMBER: E-40947 ROOM: 4190X AGE: 37

Date Taken: 9-15-95 Date Read: 09/15/95 Ordering M.D.: MISSON

RADIOGRAPHIC REPORT: LEFT HIP

There is evidence of fracture. Minimal osteoarthritic spurring is present about the inferior margin of the femoral head.

JBF:jag

Date: September 16, 1995

J. FLEMING, M.D.

Date Taken: 3-30-95 Date Read: 3-31-95 Ordering M.D.: Stevig

RADIOGRAPHIC REPORT:

CHEST: There is no evidence of active pulmonary disease. Small metal fragments are present in the left upper chest.

55 24
44



X-RAY REPORT
DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
HEALTH CARE SERVICES



A3-1871

NAME: BLOODSAW, THEOPRIC NO. P-20045 RM: ~~A2-118~~ DOB: 06/25/58 DATE: 06/23/05

EXAM REQUESTED: FIVE VIEW CERVICAL SPINE

REQUESTING M.D.: W. WAHIDULLAH, M.D.

CLINICAL DATA: HISTORY OF PAIN

RADIOGRAPHIC REPORT: FIVE VIEW CERVICAL SPINE

FINDINGS: Comparison to previous study dated 02/22/2005.

PELICAN BAY
A.S.U.

Soft tissues remain normal.

Again noted is approximately 2 ml subluxation of C-4 with respect to C-5. This is unchanged compared to the previous study.

Degenerative narrowing of the C5-6 and C6-C7 disc spaces are again noted with no demonstrable change.

Again noted is minimal foraminal encroachment at the C5-6 level bilaterally.

IMPRESSION:
DEGENERATIVE DISC DISEASE AT C5-6 AND C6-C7
WITH MILD SUBLUXATION OF C4 ON C5. THESE
FINDINGS WERE ALL PRESENT ON THE PREVIOUS
STUDY AND THERE HAS BEEN NO DEMONSTRATED
CHANGE SINCE THAT EXAMINATION.

CO 7/8/05

06/07/05
DATE READ

h
CURTIS COULAM, M.D.
RADIOLOGIST

BMC
TRANSCRIBER

NAME: Bloodsaw NUMBER P20045 HOUSING A2-202L PBSP-LAB-001

PELICAN BAY STATE PRISON

HEALTH CARE SERVICES UNIT

NOTIFICATION TO PATIENT OF LABORATORY TEST RESULTS

TEST DATES: 9/10/07TYPE OF TEST:
(circle test type)BASIC BLOOD TESTS
OTHER:

HEPATITIS SCREEN

X-RAY

EKG

Pelvis, hips, L-spine

YOUR TEST RESULTS WERE EVALUATED BY A PHYSICIAN AS FOLLOWS:

- ☐ Your test result is essentially within normal limits. No physician follow-up is required.
- ☐ Your test result remains unchanged and will be reviewed with you at your next Chronic Care Appointment.
- ☒ ~~Your test result is not within normal limits.~~ You will be scheduled to discuss the results with a physician.
- ☐ Your test result is not within normal limits. Further studies are required and have been scheduled for you. You will receive further information on this study at a later date.

PHYSICIAN REMARKS

Your xrays are goodMalo-Clines Cheryl, M.D. or F.N.P.

1. HEALTH RECORD COPY
2. PATIENT COPY
3. PHYSICIAN COPY

CHC
Physician & Surgeon09-17-07
Date & Time

CONFIDENTIAL

NAME: NUMBER HOUSING PBSP-LAB-001

NAME : Bloodsaw NUMBER P20045 HOUSING ASU-E1 PBSP-LAB-001
 PELICAN BAY STATE PRISON HEALTH CARE SERVICES UNIT

NOTIFICATION TO PATIENT OF LABORATORY TEST RESULTS

TEST DATES: 10/18/07

TYPE OF TEST:
 (circle test type)

BASIC BLOOD TESTS
 OTHER:

HEPATITIS SCREEN

X-RAY

EKG

pelvis + Lt. hip

YOUR TEST RESULTS WERE EVALUATED BY A PHYSICIAN AS FOLLOWS:

- ☐ Your test result is essentially within normal limits. No physician follow-up is required.
- ☐ Your test result remains unchanged and will be reviewed with you at your next Chronic Care Appointment.
- ☐ Your test result is not within normal limits. You will be scheduled to discuss the results with a physician.
- ☐ Your test result is not within normal limits. Further studies are required and have been scheduled for you. You will receive further information on this study at a later date.

PHYSICIAN REMARKS

unchanged

1. HEALTH RECORD COPY
2. PATIENT COPY
3. PHYSICIAN COPY

che
 Physician & Surgeon

11-11-07
 Date & Time

CONFIDENTIAL

NAME : NUMBER HOUSING PBSP-LAB-001

STATE OF CALIFORNIA
DISABILITY PLACEMENT PROGRAM VERIFICATION (DPPV)
 CDC 1845 (Rev. 01/04)

DEPARTMENT OF CORRECTIONS
 CHECK ALL APPLICABLE BOXES

THIS FORM ONLY VERIFIES OR DISCONFIRMS CLAIMED PHYSICAL DISABILITIES LISTED IN SECTION B

INMATE NAME: BLOODSAW	CDC NUMBER: P20045	INSTITUTION: PBSP	HOUSING ASSIGNMENT: A2 202L	DATE FORM INITIATED: 8/1/07
---------------------------------	------------------------------	-----------------------------	---------------------------------------	---------------------------------------

Sections A - B to be completed by licensed medical staff.

SECTION A: REASON FOR INITIATION OF FORM		SECTION B: DISABILITY BEING EVALUATED	
<input checked="" type="checkbox"/> Inmate self-identifies to staff	<input type="checkbox"/> Third party evaluation request	<input type="checkbox"/> Blind/Vision Impaired	<input type="checkbox"/> Speech Impaired
<input type="checkbox"/> Observation by staff	<input type="checkbox"/> Medical documentation or Central File information	<input checked="" type="checkbox"/> Deaf/Hearing Impaired	<input type="checkbox"/> Mobility Impaired

Sections C - G to be completed by a physician only.

SECTION C: PERMANENT DISABILITIES IMPACTING PLACEMENT	SECTION D: PERMANENT DISABILITIES NOT IMPACTING PLACEMENT
1. <input type="checkbox"/> FULL TIME WHEELCHAIR USER - DPW Requires wheelchair accessible housing and path of travel. 2. <input type="checkbox"/> INTERMITTENT WHEELCHAIR USER - DPO Requires lower bunk, wheelchair accessible path of travel and does not require wheelchair accessible cell. 3. <input type="checkbox"/> MOBILITY IMPAIRMENT - With or Without Assistive Device (Wheelchairs shall not be prescribed) - DPM Orthopedic, neurological or medical condition that substantially limits ambulation (cannot walk 100 yards on a level surface without pause). Requires lower bunk, no triple bunk, and no stairs in path of travel. 4. <input type="checkbox"/> DEAF/HEARING IMPAIRMENT - DPH Must rely on written communication, lip reading or signing as residual hearing, with assistive devices, will not enable them to hear, understand or localize emergency warnings or public address announcements. 5. <input type="checkbox"/> BLIND/VISION IMPAIRMENT - DPV Not correctable to central vision acuity of better than 20/200 with corrective lenses in at least one eye (See HOUSING RESTRICTIONS IN SECTION E). 6. <input type="checkbox"/> SPEECH IMPAIRMENT - DPS Does not communicate effectively speaking or in writing.	1. NO CORRESPONDING CATEGORY 2. NO CORRESPONDING CATEGORY 3. <input type="checkbox"/> MOBILITY IMPAIRMENT (Lower Extremities) - DNM Walks 100 yards without pause with or without assistive devices. <input type="checkbox"/> No Housing Restrictions <input type="checkbox"/> See HOUSING RESTRICTIONS in Section E <input type="checkbox"/> Requires relatively level terrain and no obstructions in path of travel. Do not place at: CCI, CMC-E, CRC, CTF-C, FSP, SCC I or II, SOL, or SQ. (CDC 128-C: _____) 4. <input checked="" type="checkbox"/> HEARING IMPAIRMENT - DNH With residual hearing at a functional level with hearing aid(s). 5. NO CORRESPONDING CATEGORY 6. <input type="checkbox"/> SPEECH IMPAIRMENT - DNS Does not communicate effectively speaking, but does when writing.

SECTION E: ADDITIONAL MEDICAL INFORMATION

CSRALERT:

- ☐ Requires relatively level terrain and no obstructions in path of travel
☐ Complex medical needs affecting placement ☐ CDC 128-C _____

ASSISTANCE NEEDED WITH ACTIVITIES OF DAILY LIVING:

- ☐ Feeding or Eating ☐ Bathing ☐ Grooming ☐ W/C transferring
☐ Toileting ☐ Other: _____ ☐ CDC 128-C(s) dated: _____

HOUSING RESTRICTIONS: ☐ Lower bunk ☐ No stairs ☐ No triple bunk. CDC 128-C(s) dated: _____

HEALTH CARE APPLIANCE / IDENTIFICATION VEST:

- ☐ Cane ☐ Crutch ☐ Walker ☐ Leg/Arm prosthesis ☐ Vest
☐ Other: _____ ☐ CDC 128-C(s) dated: _____

OTHER DPP DESIGNATIONS:

- ☐ NONE _____
 CODE DATED CODE DATED

SECTION F: EXCLUSIONS

- ☐ VERIFICATION OF CLAIMED DISABILITY NOT CONFIRMED: My physical examination or other objective data DOES NOT SUPPORT claimed disability.
 (Explain in Comments Section and CDC 128-C dated _____).
☐ REMOVAL FROM A DPP CODE: Removal from previous DPP code: _____. (Explain in Comments Section and CDC 128-C dated: _____).
☐ REMOVAL FROM ENTIRE PROGRAM: Removal from DPP code(s): _____. (Explain in Comments Section and CDC 128-C dated: _____).

SECTION G: EFFECTIVE COMMUNICATION FACTORS

- ☐ Uses Sign Language Interpreter (SLI) ☐ Reads Braille ☐ Communicates with written notes ☐ Requires large print or magnifier
☐ Reads lips ☒ NO "EFFECTIVE COMMUNICATION" ISSUES OBSERVED OR DOCUMENTED IN THE UNIT HEALTH RECORD

PHYSICIAN'S COMMENTS: (Focus on affected systems and functional limitations. No specific diagnosis or other confidential medical information.)

Has good function & hearing aids - does not need vest

PHYSICIAN'S NAME (Print) M.C. SAYRE	PHYSICIAN'S SIGNATURE <i>MC Sayre</i>	DATE SIGNED 8/1/07
HEALTH CARE MANAGER'S / DESIGNEE'S NAME (Print) M.C. SAYRE	HEALTH CARE MANAGER'S / DESIGNEE'S SIGNATURE <i>MC Sayre</i>	DATE SIGNED 8/1/07

NOTE: After review by the Health Care Manager or Chief Physician & Surgeon, health care staff shall retain green copy for the UHR, send the inmate copy via institutional mail, and route the original and remaining copies to the C&PR/RC CC-III for tracking and further distribution according to the instructions below.

DISTRIBUTION: Original - Top General Chrono Section of C-File; Green - Chrono Section, Unit Health Record Canary - C&PR/CC-III; Pink-CC-I; Gold-Inmate

STATE OF CALIFORNIA
DISABILITY PLACEMENT PROGRAM VERIFICATION (DPP)
CDC 1845 (Rev. 01/04)**COPY****ASU EIL**DEPARTMENT OF CORRECTIONS
CHECK ALL APPLICABLE BOXES

THIS FORM ONLY VERIFIES OR DISCONFIRMS CLAIMED PHYSICAL DISABILITIES LISTED IN SECTION B

INMATE NAME: Blondson	CDC NUMBER: P20045	INSTITUTION: PBSP	HOUSING ASSIGNMENT: ADSE 01L	DATE FORM INITIATED: 1/15/08
---------------------------------	------------------------------	-----------------------------	--	--

Sections A - B to be completed by licensed medical staff.

SECTION A: REASON FOR INITIATION OF FORM		SECTION B: DISABILITY BEING EVALUATED	
<input checked="" type="checkbox"/> Inmate self-identifies to staff	<input type="checkbox"/> Third party evaluation request	<input type="checkbox"/> Blind/Vision Impaired	<input type="checkbox"/> Speech Impaired
<input type="checkbox"/> Observation by staff	<input type="checkbox"/> Medical documentation or Central File information	<input checked="" type="checkbox"/> Deaf/Hearing Impaired	<input type="checkbox"/> Mobility Impaired

Sections C - G to be completed by a physician only.

SECTION C: PERMANENT DISABILITIES IMPACTING PLACEMENT	SECTION D: PERMANENT DISABILITIES NOT IMPACTING PLACEMENT
1. <input type="checkbox"/> FULL TIME WHEELCHAIR USER - DPW Requires wheelchair accessible housing and path of travel. 2. <input type="checkbox"/> INTERMITTENT WHEELCHAIR USER - DPO Requires lower bunk, wheelchair accessible path of travel and <i>does not require</i> wheelchair accessible cell. 3. <input type="checkbox"/> MOBILITY IMPAIRMENT - With or Without Assistive Device (Wheelchairs shall not be prescribed) - DPM Orthopedic, neurological or medical condition that substantially limits ambulation (cannot walk 100 yards on a level surface without pause). Requires lower bunk, no triple bunk, and no stairs in path of travel. 4. <input type="checkbox"/> DEAF/HEARING IMPAIRMENT - DPH Must rely on written communication, lip reading or signing as residual hearing, with assistive devices, will not enable them to hear, understand or localize emergency warnings or public address announcements. 5. <input type="checkbox"/> BLIND/VISION IMPAIRMENT - DPV Not correctable to central vision acuity of better than 20/200 with corrective lenses in at least one eye (See HOUSING RESTRICTIONS IN SECTION E). 6. <input type="checkbox"/> SPEECH IMPAIRMENT - DPS Does not communicate effectively speaking or in writing.	1. NO CORRESPONDING CATEGORY 2. NO CORRESPONDING CATEGORY 3. <input type="checkbox"/> MOBILITY IMPAIRMENT (Lower Extremities) - DNM Walks 100 yards without pause with or without assistive devices. <input type="checkbox"/> No Housing Restrictions <input type="checkbox"/> See HOUSING RESTRICTIONS in Section E <input type="checkbox"/> Requires relatively level terrain and no obstructions in path of travel. Do not place at: CCI, CMC-E, CRC, CTF-C, FSP, SCC I or II, SOL, or SQ. (CDC 128-C: _____) 4. <input checked="" type="checkbox"/> HEARING IMPAIRMENT - DNH With residual hearing at a functional level with hearing aid(s). 5. NO CORRESPONDING CATEGORY 6. <input type="checkbox"/> SPEECH IMPAIRMENT - DNS Does not communicate effectively speaking, but does when writing.

SECTION E: ADDITIONAL MEDICAL INFORMATION

CSR ALERT:

- ☐ Requires relatively level terrain and no obstructions in path of travel
☐ Complex medical needs affecting placement ☐ CDC 128-C _____

ASSISTANCE NEEDED WITH ACTIVITIES OF DAILY LIVING:

- ☐ Feeding or Eating ☐ Bathing ☐ Grooming ☐ W/C transferring
☐ Toileting ☐ Other: _____ ☐ CDC 128-C(s) dated: _____

HOUSING RESTRICTIONS: ☐ Lower bunk ☐ No stairs ☐ No triple bunk. CDC 128-C(s) dated: _____

HEALTH CARE APPLIANCE / IDENTIFICATION VEST:

- ☐ Cane ☐ Crutch ☐ Walker ☐ Leg/Arm prosthesis ☐ Vest
☒ Other: **H-A** ☒ CDC 128-C(s) dated: **3/7/08**

OTHER DPP DESIGNATIONS:

- ☐ NONE _____ CODE _____ DATED _____ CODE _____ DATED _____

SECTION F: EXCLUSIONS

- ☐ VERIFICATION OF CLAIMED DISABILITY NOT CONFIRMED: My physical examination or other objective data DOES NOT SUPPORT *claimed* disability. (Explain in Comments Section and CDC 128-C dated _____).
☐ REMOVAL FROM A DPP CODE: Removal from previous DPP code: _____. (Explain in Comments Section and CDC 128-C dated: _____.)
☐ REMOVAL FROM ENTIRE PROGRAM: Removal from DPP code(s): _____. (Explain in Comments Section and CDC 128-C dated: _____.)

SECTION G: EFFECTIVE COMMUNICATION FACTORS

- ☐ Uses Sign Language Interpreter (SLI) ☐ Reads Braille ☐ Communicates with written notes ☐ Requires large print or magnifier
☐ Reads lips ☒ NO "EFFECTIVE COMMUNICATION" ISSUES OBSERVED OR DOCUMENTED IN THE UNIT HEALTH RECORD

PHYSICIAN'S COMMENTS: (Focus on affected systems and functional limitations. No specific diagnosis or other confidential medical information.)

Has good function & hearing aids

PHYSICIAN'S NAME (Print) MC Sayre	PHYSICIAN'S SIGNATURE MC Sayre	DATE SIGNED 1/15/08
HEALTH CARE MANAGER'S / DESIGNEE'S NAME (Print) MC Sayre	HEALTH CARE MANAGER'S / DESIGNEE'S SIGNATURE MC Sayre	DATE SIGNED 1/15/08

STAPLE THIS FORM TO MOST CURRENT CDC 1545 AND ENTER INFORMATION INTO ACTS

State of California

DEPARTMENT OF CORRECTIONS
CDC 128-B

NAME and NUMBER Bloodsaw, P20045

This inmate has been identified as: ☐ DPH ☒ DNH ☐ DPS ☐ DNS and was interviewed as indicated below:☒ The inmate was (was not) interviewed with the assistance of a qualified sign language interpreter.

Name of sign language interpreter: _____

Primary method: (Check one) (This method shall be used for due process, delivery of health care, inmate appeals and CDC 1515)

☐ American Sign Language ☐ Sign Exact English ☐ Other sign language: _____ ☐ Written notes☐ Reads Lips ☒ Hearing aid(s) ☐ Assistive listening device

Alternative method(s): (Check all that apply)

☐ American Sign Language ☐ Sign Exact English ☐ Other sign language: _____ ☐ Written notes☐ Reads Lips ☐ Hearing aid(s) ☐ Assistive listening device ☒ None

V.Y. France, Sgt.

Interviewer's Name

Whance Sgt.

Interviewer's Signature

T. Bloodsaw

Inmate's Signature

DATE: 8/16/07 NOTE - VEST ISSUED 8/17/07 CAPTAIN C. PATTEN INST: PBSO

EQUALLY EFFECTIVE COMMUNICATION FOR HEARING/SPEECH IMPAIRED

2007 5/5/07

2007 5/5/07

07:21

1007/91/00